



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

July 28, 2016
Certified Mail/Return
7012 3460 0003 1112 7734

Olivarez Honey Bees
6398 County Rd. 20
Orland, CA 95963

Attention: Ryan Olivarez, Owner

**RE: Olivarez Honey Bees, Public Water System No. 1105005 – Citation No. 21-16C-018
for Exceedance of the Bacteriological Maximum Contaminant Level in July of
2016.**

Enclosed is a citation issued to the Olivarez Honey Bees (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during July of 2016. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period.

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Crenshaw".

Reese B. Crenshaw, P.E.
Valley District Engineer
Drinking Water Field Operations Branch

Enclosure

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | www.waterboards.ca.gov

1 **Citation No. 21-16C-018**

2
3 **STATE OF CALIFORNIA**
4 **WATER RESOURCES CONTROL BOARD**
5 **DIVISION OF DRINKING WATER**
6

7 **Public Water System:** Olivarez Honey Bees

8 **Water System No.:** 1105005

9
10 **To:** Olivarez Honey Bees
11 Attn: Ryan Olivarez, Owner
12 6398 County Rd. 20
13 Orland, CA. 95963
14

15 **Issued:** July 28, 2016

16 VIA CERTIFIED MAIL
17

18 **CITATION FOR NONCOMPLIANCE**
19 **With Title 22 California Code of Regulations**
20 **Section 64426.1(b)**
21

22 Section 116650 of the California Health and Safety Code (CHSC) authorizes the
23 issuance of a citation for failure to comply with a requirement of the California Safe
24 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with
25 Section 116270), or any regulation, standard, permit, or order issued thereunder.
26

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director
3 for the Division, hereby issues a citation to Olivarez Honey Bees for failure to comply
4 with Section 64426.1(b), Title 22, of the California Code of Regulations (CCR).

5
6 **APPLICABLE AUTHORITIES**

7 Section 116650 of the CHSC states:

8
9 *(a) If the Department determines that a public water system is in*
10 *violation of this chapter or any regulation, permit, standard, citation,*
11 *or order issued or adopted thereunder, the department may issue a*
12 *citation to the public water system. The citation shall be served*
13 *upon the public water system personally or by certified mail. Service*
14 *shall be deemed effective as of the date of personal service or the*
15 *date of receipt of the certified mail. If a person to whom a citation is*
16 *directed refuses to accept delivery of the certified mail, the date of*
17 *service shall be deemed to be the date of mailing.*

18
19 *(b) Each citation shall be in writing and shall describe the nature of the*
20 *violation or violations, including a reference to the statutory*
21 *provision, standard, order, citation, permit, or regulation alleged to*
22 *have been violated.*

23
24 *(c) A citation may specify a date for elimination or correction of the*
25 *condition constituting the violation.*
26

1 (d) A citation may include the assessment of a penalty as specified in
2 subdivision (e).

3
4 (e) The department may assess a penalty in an amount not to exceed
5 one thousand dollars (\$1,000) per day for each day that a violation
6 occurred, and for each day that a violation continues to occur. A
7 separate penalty may be assessed for each violation.

8
9 Section 64426.1(b), Title 22, of the CCR states:

10
11 (b) A public water system is in violation of the total coliform
12 maximum contaminant level (MCL) when any of the following
13 occurs:

14
15 (1) For a public water system which collects at least 40
16 samples per month, more than 5.0 percent of the
17 samples collected during any month are total coliform-
18 positive; or

19
20 (2) For a public water system which collects fewer than
21 40 samples per month, more than one sample
22 collected during any month is total coliform-positive; or

23
24 (3) Any repeat sample is fecal coliform-positive or *E. coli*-
25 positive; or
26

1 (4) Any repeat sample following a fecal coliform-positive
2 or *E. coli*-positive routine sample is total coliform-
3 positive.
4

5 **STATEMENT OF FACTS**

6 The Olivarez Honey Bees, domestic water system (System) is classified as a
7 nontransient noncommunity water system serving approximately 80 persons per
8 day. In accordance with Section 64423 of Title 22, the System is required to collect
9 one routine bacteriological sample per quarter, unless there was a positive
10 bacteriological sample the previous month, in which case, five routine bacteriological
11 samples are required. On July 13, 2016, the System collected one routine sample
12 from the distribution system, which contained total coliform bacteria. Four repeat
13 samples were collected on July 15, 2016. Two of the four repeat samples showed
14 the presence of total coliform bacteria. The cause of the contamination was
15 unknown. No sample discussed herein was positive for *E. coli*.
16

17 **DETERMINATIONS**

18 The Division has determined that the System violated Section 64426.1 (b)(2), Title
19 22, of the CCR, in that the System exceeded the total coliform MCL during the
20 month of July 2016.
21

22 **DIRECTIVES**

23 The System is hereby directed to take the following actions:
24

- 25 1. Comply with Section 64426.1, Title 22, of the CCR in all future monitoring
26 periods.
27

1 2. **Within 30 days** of the issuance of this Citation, provide public notification in
2 accordance with **Attachment 'A'**, to all persons served by the System of the
3 MCL violation as required by Section 64463.4 and Section 64465, Title 22, of
4 the CCR. Notification shall be completed in accordance with the following:

5
6 (A) Provide the notice by posting in conspicuous locations throughout the
7 area served by the water system.

8
9 3. Changes and/or modifications to Attachment A shall be not be made unless
10 approved by the Division.

11
12 4. Complete and return **Attachment 'B'** "Certification of Completion of Public
13 Notification" form **within 10 days** of giving public notice. A copy of the notice
14 used to provide public notification shall be attached to the form.

15
16 5. **Within 30 days** of the issuance of this Citation, pursuant to the Revised Total
17 Coliform Rule, conduct a level 1 assessment of the Water System using
18 **Attachment 'C'**.

19
20 6. Collect and report five (5) routine bacteriological samples in the distribution
21 system in the month of **August 2015**.

22
23 The completed and signed copy of Attachment 'B' & 'C' shall be submitted to the
24 following address:

25
26 Reese B. Crenshaw, P. E.
27 Valley District Engineer
28 Drinking Water Field Operations
29 Division of Drinking Water

1 State Water Resources Control Board
2 364 Knollcrest Drive, Suite 101
3 Redding, CA 96002
4 (530) 224-4800
5

6 Nothing in this Citation relieves the System of its obligation to meet the requirements
7 of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe
8 Drinking Water Act), or any regulation, permit, standard or order issued or adopted
9 thereunder.
10

11 The Division reserves the right to make such modifications to this Citation, as it may
12 deem necessary to protect public health and safety. Such modifications may be
13 issued as amendments to this Citation and shall be effective upon issuance.
14

15 **FURTHER ENFORCEMENT ACTION**

16 The California SDWA authorizes the State Board to: issue citation with assessment
17 of administrative penalties to a public water system for violation or continued
18 violation of the requirements of the California SDWA or any permit, regulation,
19 permit or order issued or adopted thereunder including, but not limited to, failure to
20 correct a violation identified in a citation or compliance order. The California SDWA
21 also authorizes the State Board to take action to suspend or revoke a permit that
22 has been issued to a public water system if the system has violated applicable law
23 or regulations or has failed to comply with an order of the State Board; and to
24 petition the superior court to take various enforcement measures against a public
25 water system that has failed to comply with violates an order of the State Board. The
26 State Board does not waive any further enforcement action by issuance of this
27 citation.

PARTIES BOUND

This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and Olivarez Honey Bees shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.

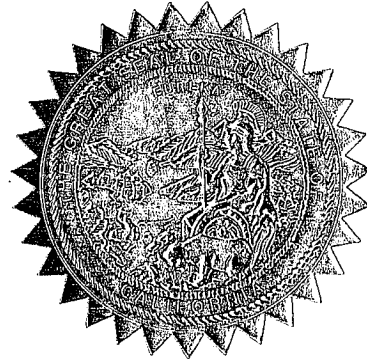


Reese B. Crenshaw, P.E., District Engineer
Valley District
Drinking Water Field Operations Branch

7/26/16
Date

Attachments:

- 'A' Public Notification Template
- 'B' Certification of Completion
- 'C' Level 1 Assessment Form



IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

The Olivarez Honey Bees water system did not meet Bacteriological Drinking Water Standards in July of 2016

Our water system violated the bacteriological drinking water standard for July of 2016. As our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took five (5) samples to test for the presence of coliform bacteria during July of 2016. Three (3) of the five samples showed the presence of total coliform. The standard is that no more than one (1) sample per month may have total coliform.

What should I do?

- **You do not need to boil your water or take other corrective actions.** This is not an emergency; if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

In July of 2016, three out of five water samples had tested positive for total coliform organisms. We are currently assessing the cause of the total coliform positive and will recollect water samples for analysis during the week of _____, 2016.

For more information, please contact Ryan Olivarez @ 530-865-0298

State Water System ID#: 1105005

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Olivarez Honey Bees

Public Water System No. 1105005

Public notification for the July 2016 bacteriological failure was performed by the following method:

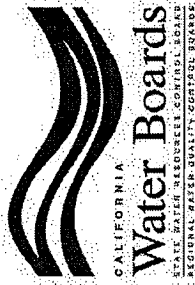
_____ Posting in conspicuous locations throughout the area served by the water system.
Please indicate the date(s) the notice was posted:

I hereby certify that the above information is factual.

Printed Name

Signature

Date _____



STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

SYSTEM NAME:		Trigger Date:		
SYSTEM #:		Investigation Date:		
#	Issues	Yes/No	N/A Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:			
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
2	Changes to water system since last negative routine bacteriological sample:			
	Piping modified or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	System components replaced or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
3	Groundwater source contamination:		<input type="checkbox"/>	Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Wells:		<input type="checkbox"/>	
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	

	Springs and/or Horizontal Wells:		<input type="checkbox"/>			
	The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Surface water or GWUDI treatment issues		<input type="checkbox"/>			
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
5	Tank(s) storage, clearwell, backwash return:		<input type="checkbox"/>			Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Distribution system					
	Low pressure transmission lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Dead end lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Sample site and sampling procedures					
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
8	Other	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		

SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

CERTIFICATION: I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____